



Testimony of the Connecticut State Medical Society
Senate Bill 415
An Act Concerning Step Therapy, Adverse Determination and Utilization Reviews
Insurance and Real Estate Committee
March 17, 2022

Senator Lesser, Representative Wood and distinguished members of the Insurance and Real Estate Committee, on behalf of the physicians and physicians in training of the Connecticut State Medical Society (CSMS), thank you for the opportunity to provide testimony in strong support of **Senate Bill 415, An Act Concerning Step Therapy, Adverse Determination and Utilization Reviews.**

CSMS thanks this Committee for bring this important piece of legislation.

This bill would make amendments to the provisions of the Connecticut General Statutes regarding step therapy. CSMS is strongly supportive of these amendments that would severely limit the circumstances in which health insurers can utilize step therapy.

Health insurers' administrative hurdles commonly delay access to care for patients and serve as impositions into the patient-physician relationship and decision-making process. Step therapy is one such administrative burden. Under step therapy, patients are required to try less expensive, often older, medications before they "step up" to another medication that has been prescribed and recommended by the patient's physician. An insurer may require a patient to try several cheaper drugs and wait for them to all fail before finally allowing the drug the physician originally prescribed. This process can take weeks or even months. Step therapy can harm patient outcomes and create a tremendous obstacle to treatment decisions deemed most appropriate by physicians. It is corrosive to the patient-physician relationship by inappropriately challenging the reasoned decision making of the physician. Patient care decisions should be made in the best interest of the patients, not in the best financial interest of the health insurers. Sections 1 and 2 of this bill represent needed change that strengthens the sanctity of the physician-patient relationship. CSMS' strongly supports these sections, although we would recommend that the Bill be modified to eliminate step therapy completely.

Section 3 of this bill revises the definition of a "clinical peer." As part of the health insurance appeal process, patients are afforded the right for their physician to have a peer-to-peer review, which, in theory, should be a call between the patient's physician and another physician that practices in the same specialty. For example, if the patient's physician is a pediatric cardiologist, the health insurer should provide a pediatric cardiologist to participate in the peer-to-peer review. Unfortunately, this is not the case and there have been reports of, for example, urologists having

“peer-to-peer” conversations with a physician assistant, APRN or a family physician. Section 3 of this Bill would significantly strengthen the definition of “clinical peer,” marking a significant improvement from the existing definition. Section 5 of this bill would require that the “clinical peer” be given the authority to reverse any initial adverse determination. CSMS supports this modification.

We do have two suggestions, however. Current language allows the clinical peer to hold a nonrestricted license in any State in the United States. We believe that in order to be a true clinical peer, the physician should be licensed in Connecticut. Connecticut has unique laws and regulations that physicians need to follow, a distinctive Workers’ compensation system and different treatment guidelines and treatment patterns. Second, we would request a change to Section 3, subsection (7)(A)(ii) which states, in the revised language, that the clinical peer must hold a “doctoral or medical degree.” There are many professions that issue doctoral degrees. For clarification, we would request the language read “Doctor of Osteopathy or Doctor of Medicine degree.”

Sections 4, 5 and 6 amend the Connecticut General Statutes to place a rebuttable presumption that each health care service under an adverse determination review is medically necessary. This amendment places the burden on the insurer of proving that the service is not medically necessary. CSMS strongly supports this amendment. There is no one more qualified than the patient’s treating physician to determine appropriate and necessary medical care. CSMS fully believes that if a treating physician deems a service or procedure to be medically necessary, then it should in fact be presumed to be medically necessary and incumbent on the health insurer to demonstrate otherwise.

Senate Bill 415 provides changes to the Connecticut General Statutes that will help physicians provide better care to their patients. By detaching the health insurer from the middle of the physician-patient relationship, physicians can provide better, higher quality care to their patients. CSMS strongly supports this bill, and we look forward to working with this Committee on these critically important issues.